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INDICATION FORM**

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|-------------------------------|---|
| Application Number | 09/940,377 |
| Filing Date | 08-27-2001 |
| First Named Inventor | Gust Bardy |
| Title | METHOD OF INSERTION AND IMPLANTATION OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR CANISTERS |
| Art Unit | 3762 |
| Examiner Name | MULLEN, KRISTEN DROESCH |
| Attorney Docket Number | CAMP0011US (CH-0006) |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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Practitioners associated with the Customer Number:

OR

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Practitioner(s) named below:

| Name | Registration Number |
|------------------|---------------------|
| Sean McGeehan | 48,537 |
| Mark Schroeder | 53,566 |
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Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | | | |
|--------------------------|-----------------------------------|------------------|----------------|
| Signature | /Jay A. Warren/ | Date | 08/08/07 |
| Name | Jay A. Warren | Telephone | (949) 498-5630 |
| Title and Company | President and CEO, CAMERON HEALTH | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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*Total of _____ forms are submitted.

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